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ON LABORS COMPLICATED WITH CONVULSIONS.

From Dr. Robert Lee's Lectures at St. George's Hospital.

THERE is a striking resemblance between the symptoms observed in a case of common epilepsy and in one of puerperal convulsions, or eclampsia, as it is called by nosologists. In both these diseases insensibility takes place during the fits, and all the voluntary muscles of the face, trunk and extremities become convulsed. When a fit of puerperal convulsions comes on, the woman becomes perfectly unconscious of everything around her, and the muscles of the eyes and face are usually first affected. Irregular spasmodic twitchings are observed about the mouth and eyelids, which produce great distortion of the countenance: the eyes are often turned upward and inward to the root of the nose, and roll rapidly about in different directions. The lower jaw is either firmly clenched against the upper, or it is drawn to one side; and the tongue, being protruded between the teeth, is often severely lacerated. Every muscle of the body soon becomes convulsed; the spasm is violent and universal; the respiration, which is at first hurried, afterwards becomes slow and stertorous, as the convulsions subside; and a quantity of frothy saliva, tinged with blood, is blown from the mouth with a peculiar noise, as in an ordinary epileptic fit. Sometimes the muscles on one side of the face and body only are at first affected; and after the spasm has ceased in them, those on the opposite side become convulsed. The pupils of the eyes are usually dilated and insensible during a fit of puerperal convulsions; but in some women, both between and during the paroxysms, they are closely contracted. The pulse varies extremely, being either very hurried, or slower than natural. After the convulsion has endured for a longer or a shorter period, as in cases of epilepsy, it gradually ceases; and the patient, apparently greatly exhausted, is left in a state of deep stupor, with stertorous breathing. The consciousness generally does not return before another fit takes place; and this happens, in the greater number of instances, in a short period, when the same phenomena are observed. A great number of violent fits are often experienced by some women during many hours, at longer or shorter intervals, without any return of sensibility. The attacks may terminate in a state resembling apoplexy, as epilepsy sometimes does, which may soon prove fatal;

or the fits may subside, and the recollection be gradually restored. If there have been no labor pains before the fits come on, the os uteri most frequently begins to dilate; but the uterine contractions are usually feeble and irregular, and they seem to pass into convulsions, or to alternate with the fits. Sometimes the child is expelled by the pains; but more frequently they are inefficient, and the delivery cannot be completed without artificial assistance.

In some women the fits are preceded by certain symptoms indicating a plethoric state of the vessels of the brain, and great nervous irritability. There is usually headache, more or less intense; throbbing of the temporal arteries; sense of weight and constriction across the forehead; giddiness; drowsiness; the sight and hearing disturbed; flushing and tumefaction of the countenance; slight delirium, or confusion of thought, or loss of memory; and other signs of cerebral disturbance. Pain in the epigastric region, and increased sensibility of the uterus, sometimes precede the fits: but there are cases of violent puerperal convulsions where no precursory or premonitory symptoms of any kind are perceived; there is nothing like the aura epileptica observed before attacks of puerperal convulsions. They may occur in the latter months of pregnancy, before the uterus has begun to contract, during the different stages of labor, and several days or weeks after delivery. I have never met with a case of true puerperal convulsions before the sixth month of pregnancy; the spasmodic affections which have occurred at an earlier period having been connected with hysteria, and unaccompanied with loss of consciousness.

It has been observed by all practitioners, that, in a very great proportion of cases, it is in the first pregnancy or labor that puerperal convulsions occur. "Women are far more liable," says Dr. Denman, "to convulsions in first than in subsequent labors; and then, it is said, more frequently when the child is dead than when it is living. But when women have convulsions the death of the child ought generally to be esteemed rather an effect than a cause, as they have often been delivered of living children when they were in convulsions, or of dead, and even putrid children, without any tendency to convulsions. Some women have also had convulsions in several successive labors; but having had them in one, they generally, by the precautions taken, or some natural change, escape them in future. Lastly, I was for many years persuaded that convulsions only happened when the head presented; but experience has proved that they sometimes occur in premature presentations of the child." Of 19 cases recorded by Dr. Joseph Clarke, 16 were first children. Of 48 related by Dr. Merriman, there were 36 instances in which it was the patient's first labor. Of 30 cases which occurred to Dr. Collins, 29 were in women with their first children: and the other single case was a second pregnancy, but in a woman who had suffered a similar attack with her first pregnancy. Fourteen of the 32 children (two of the women having had twins) were born alive. In 18 of the 30 the convulsions subsided after delivery; in 10 the fits occurred both before and after; and in 2 the attack did not

come on till after delivery. In 15 of the 30 the patients were delivered by the natural efforts; in 6 delivery was effected by the forceps; in 8 by the perforator and crotchet; and in 1 the feet presented. Two of the children were born putrid. Five of the women died. In 6 of the 48 cases related by Dr. Merriman the convulsions did not occur till after delivery. Five of these patients recovered; the other, after the epileptic attack, became maniacal, but appeared to be gradually recovering, when, at the end of three weeks from the first seizure, she was attacked with another fit, and died. All the children were alive. In 3 cases the women were pregnant of twins. In two of these cases the attack of convulsions occurred in the interval between the births of the two children. All the women were delivered without artificial assistance; 2 of them recovered; and 3 of the children were born alive. In 11 cases the delivery was effected by the forceps. All these women recovered, and three of the children were born alive. In nine cases the perforator was employed. Seven of these women recovered. In 4 cases the operation of turning was resorted to; 2 of the women recovered; all the children were dead born. In 1 case the woman died undelivered. In 14 cases the children were born without extraordinary assistance. Ten of these women recovered, and 5 of the children were born alive. Thus, 37 women recovered, and 11 died. Seventeen children were born alive (including the 6 born before the mothers were attacked with convulsions); 34 were born dead. Dr. Ramsbotham has related the histories of 26 cases; of which, 10 proved fatal. Thirteen occurred before delivery, 10 during labor, and 3 after. Dr. Ingleby relates 35 cases; of which, 11 were fatal. Mauriceau, 42; 7 during pregnancy, 3 of which were fatal; 19 during labor, 11 of which ended fatally; and 16 after delivery, of which 5 were fatal.

Puerperal convulsions occur in all countries, and in all the different ranks of life. Those women are most predisposed to the disease who have had hysteria or epilepsy in early life, who have suffered from injuries of the head, or who have had violent attacks of fever with severe affections of the brain. Depressing passions of the mind appear to produce a predisposition to the disease. Unmarried women who are excluded from society, and often addicted to the improper use of stimulants, are peculiarly liable to puerperal convulsions and mania. Terror, and other violent mental impressions, and sometimes the pains of labor alone, are sufficient to excite convulsions. The disease occurs not only in strong, plethoric young women with their first children—in such as are of a coarse make, with short, thick necks—but in weak, irritable, nervous females. There are some cases where irregularities of diet, especially the use of very indigestible food and stimulants, appear, without any other cause that can be discovered, to give rise to the disease. There are many cases in which the peculiar condition of the nervous system of the uterus appears to be the sole cause, and in all cases it is the principal predisposing cause, for the fits of convulsion occur in most women in the first pregnancy and labor, and at no other time but during pregnancy and labor; and they often suddenly cease when the labor is completed, after every

remedy has been employed without avail, except artificial delivery. The condition of the brain, on which the loss of consciousness and convulsions depend, is obviously produced by sympathy with the nervous system of the uterus; and the fits return, and increase in violence, till the uterus is emptied of its contents, as on them the irritation of the nerves of the uterus alone depends.

In some cases there has been observed an unusual degree of redness and softening of the cerebral substance in those who have died from puerperal convulsions; great congestion of the sinuses and smaller veins and arteries of the brain; effusion of blood or serum into the ventricles, and lymph covering the surface of the hemispheres. In others there has been no morbid appearance whatever found in the brain to account for the symptoms. At Edinburgh, in 1816, I examined, with Dr. J. Thomson and Dr. Gordon, the brain of a young woman who had died of puerperal convulsions; but, except a little turgescence of the bloodvessels, not more than is seen in many who have died of disease altogether unconnected with the brain, there was nothing to account for the symptoms. In other cases, however, organic disease of the brain has been discovered after death.

Dr. Ramsbotham made a *post-mortem* examination of the brain in four of the fatal cases which he observed. The first case was referable to injury of the head. There was both convulsion and paralysis, and the woman died undelivered. "Blood was found extravasated between the dura and pia mater, and upon the orbital processes under the right lobe." In the second fatal case he states that there was no positive derangement detected in the brain, except turgescence of the vessels of the pia mater. The head of another patient was examined by an experienced anatomist, who reported that after a very minute examination of every portion of the brain no positive derangement could be detected, and that the only appearance in any way different from that usually met with was in the vessels of the pia mater, which were thought to be somewhat more loaded with blood than in the general cases of cerebral inspection. In case 4, after a most careful examination of the head, no positive breach of vessel could be detected. The bloodvessels of the pia mater were beautifully injected with blood, and a section of the substance of the brain showed more bloody points than usual. There was also a quantity of tinged serum in the ventricles. The vessels of the cerebellum were likewise anormally distended with blood. From the dissections, and other circumstances, Dr. R. concludes that "the whole train of symptoms evinces considerable derangement in the functions of the brain and nervous system; yet, after death, correspondent marks of organic mischief within the head are seldom met with—(Vol II., p. 248). The different anatomical inquiries at which I have been present have not disclosed such regular appearances as to sanction the uniform deduction that the brain was the principal seat of disease. I suspect that in many instances that important organ is no otherwise implicated than through the medium of sympathetic irritation." "Of the appearances after death," observes Dr. Merriman, "in those who have died of puerperal epilepsy,

contrary statements have been given. Dr. Denman says, that in the examination of many women who have died from convulsions, he has never seen an instance of effusion of blood in the brain, though the vessels were extremely turgid; but has always remarked, that the heart was unusually flaccid, without a single drop in the auricles or ventricles; but he adds, that Mr. Hewson had informed him of a case of convulsions where an effusion of blood in a small quantity had been found on the surface of the brain; and in his fifth edition, he mentions a case by Dr. Hooper, where a coagulum of blood, weighing nearly $\frac{3}{4}$ iv., was found between the dura and pia mater. In one instance I have distinctly seen an effusion of blood in the posterior part of the cranium; but the quantity was not large, and Dr. Ley has lately met with a similar case." M. Cruveilhier examined a case in which not the slightest trace of congestion of the vessels of the brain could be detected. M. Bontilleux relates another, in which he could detect no manifest alteration within the skull. Dr. Collins says, "I conceive we are quite ignorant as yet of what the cause may be: nor could I ever find on dissection any appearances to enable me to even hazard an opinion on the subject."

Treatment of Puerperal Convulsions.—The best systematic writers on midwifery during the last two centuries have recommended copious bloodletting in puerperal convulsions, and artificial delivery where depletion failed to remove the fits. They have all considered the brain to be the seat of the disease.

Mauriceau thought prompt delivery to be the best remedy, and where the orifice of the uterus did not admit of this, he advised blood to be drawn from the arm and foot, and stimulating enemata to be employed, to diminish the quantity of blood in the brain. He states that he had seen emetics administered without success, or with injurious effects. Where consciousness did not return between the fits, but the woman remained insensible, foaming at the mouth, with stertorous breathing, then both the mother and child he believed would die, if they were not promptly relieved by delivery. I have saved, he says, the lives of many women in this way, but others have not failed to die after having been delivered in the due time, and in the proper manner—"bien et dument accouchées."

He admits that some cases will prove fatal whatever is done. If the child is alive he recommends the operation of turning; if dead, craniotomy.

"There are some women," he says, "who are always attacked with convulsions either before or after delivery. To prevent such an accident he recommends bleeding from the arm two or three times during pregnancy, and once after labor has commenced."

Puzos has also given an account of puerperal convulsions, and has recommended prompt and copious bloodletting, to relieve the brain from the excessive quantity of blood by which it is oppressed. After bleeding, lavements, he says, must be employed, and it should be ascertained by an examination whether the uterus is dilating, and if the bleedings and other remedies do not calm the convulsions, then delivery is the best thing that

can be done, which removes the pressure from the great bloodvessels of the abdomen, and allows it to circulate freely. The relief from delivery, he says, is not instantaneous, for the convulsions will often continue for a time, but at longer intervals, and patients sometimes remain for two days in a state of lethargy, and afterwards recover. But when the convulsions continue in spite of the bloodlettings and delivery, and the coma and stertorous breathing and foaming at the mouth, then the disorder will terminate fatally; but we have the consolation to know that we merit no reproach, having employed all the means we possess to overcome so grievous an accident. It is to be presumed because we have not succeeded, that lesions (crevasses) have been made in the brain by the violence of the convulsions, and that delivery could not remedy these. Thus, he adds, in the acute convulsions which precede or accompany labor, we cannot be too prompt and vigorous in the application of the proper resources; and as these means are sometimes insufficient when the disease is once established, the accoucheur should be attentive to the first symptoms which announce convulsions; for it sometimes happens, that in a labor accompanied with the most favorable symptoms, a woman all at once complains of dazzling of the eyes, of weight in the forehead or posterior part of the head, and of sudden loss of vision, symptoms which all announce that an attack of convulsions is at hand. I have seen women suddenly seized with frightful convulsions, he says, during labor, because attention had not been paid them when they complained of pain of the head. We perceive, then, that it is much more easy to prevent the evil, than to destroy it when it is once established; since the most powerful remedies do not prevent the death of the mother and the child, which these convulsions put in the greatest danger. Therefore I bleed copiously, and that on the first appearance of the symptoms which threaten convulsions; and I have often by this means relieved very speedily the headache, restored the vision, and completed the delivery happily in a short time.

Copious bloodletting in puerperal convulsions is the first remedy now employed by all practitioners in this country; but the extent to which depletion is to be carried must be regulated by the constitution of the patient, the violence of the symptoms, and the effects produced by the loss of blood. Profuse bloodletting will not invariably control the disease, as some have asserted; nay, I am persuaded that the sudden abstraction of fifty or more ounces of blood from the arm of some individuals, instead of arresting the disease, would destroy life. So feeble is the circulation of the blood in some women that it is impossible to remove this quantity from the arm. In young, robust, plethoric women, the best plan certainly is to take away as soon as possible after the attack twenty or twenty-five ounces of blood from the arm, to cut off the hair or shave the scalp, and apply over the head cold lotion or ice in a bladder; to put ten grains or a scruple of calomel upon the tongue, or two drops of croton oil, if the bowels require immediate relief; to throw up into the rectum a stimulating enema, and to apply warmth, mustard poultices and rubefacients, to the inside of the legs and thighs; at the same time to adopt every pre-

caution to prevent the patient from being bruised or injured by the violence of the convulsive movements into which the body is thrown. If the fits continue after these remedies have been employed, with undiminished violence, and if the pulse is full and strong, and signs of congestion of the brain are still present, you may open another vein in the arm, and remove fifteen or twenty ounces more. A third bleeding to this extent is undoubtedly necessary and proper in some cases, but I prefer greatly, after thirty or thirty-five ounces of blood have been drawn from the arm, to trust to local bleeding, and especially to the application of cupping-glasses to the temples and nape of the neck. When the constitution has been previously exhausted by some chronic disease, or hæmorrhage; or without these, if it is peculiarly delicate, nervous and irritable, and has been weakened by grief, and other depressing passions, and the pulse is very rapid and feeble, it is better to trust entirely to the local abstraction of blood, and to the remedies now described, and to abstain altogether from general bleeding. Some women die who are bled profusely, and others recover where a small quantity is drawn from the arm, or where it is entirely drawn by cupping from the temples and nape of the neck. These observations are made with the view of preventing you from having recourse to extensive depletion in all cases of puerperal convulsions, without carefully considering the condition and previous history of the patient. Profuse and indiscriminate bloodletting cannot be practised with impunity in this disease.

This is the treatment which ought to be employed in cases of puerperal convulsions before labor comes on, and also after labor has commenced, and if the fits do not diminish in frequency and violence, and the parts are in a condition to admit of artificial delivery, it is very important that it should not be long delayed. In one case which occurred in the latter months these means were vigorously employed without effect, and when the patient appeared sinking, the operation of turning was performed, though the os uteri had not begun to dilate, and the fits ceased immediately after the delivery had been effected, and recovery took place. Should the head of the child not have descended sufficiently low for the forceps to be applied when delivery becomes absolutely necessary, recourse should be had to the perforator. Even when the os uteri is fully dilated, and the head of the child has passed so far into the pelvis that an ear can be felt, it is difficult to apply the forceps and extract the head without danger to the mother; and where the insensibility is complete, and the intervals between the fits short, and the patient cannot be retained in the proper position, the employment of the forceps is always attended with considerable hazard to the perineum and soft parts.

Opium has been almost universally condemned in puerperal convulsions, and I consider it always improper before bloodletting has been employed to a sufficient extent, and the delivery has been completed either spontaneously or artificially. In some of the most severe cases which I have seen after copious venesection and delivery, large doses of the liquor opii sedativus have appeared to produce very powerful effects in arresting the fits; in others no benefit whatever resulted from the employment of

sedatives of any kind. The application of leeches to the region of the uterus, appeared, in a recent case of mania complicated with puerperal convulsions, to be attended with the most striking benefit after all other means had been tried without effect. Sedatives have been recommended to be applied to the cervix uteri, or thrown up into the rectum during labor, and after delivery, in cases of puerperal convulsions, but I have had no experience of their efficacy.—*London Medical Gazette.*

EFFECTS OF LEAD.

From Dr. Seymour's Clinique at St. George's Hospital.

THERE are many trades and callings in which the use of lead is very extensive. This mineral poison may get into the system by inhalation. Its first perceptible poisonous effect is upon the muscular structures, which lose their contractile power and become flabby and diminished in volume. The muscular coats of the intestinal canal are those which are generally first affected, some portions of them being dilated whilst others are contracted. Constipation arises from this, accompanied with great pain and spasmodic action of the recti muscles. In its early stage this colicky attack of the bowels is very easily relieved by the warm bath and doses of castor oil. Some physicians have recommended opium and remedies of that class, but castor oil is, after all, the very best. By the judicious employment of these means the affection may be removed, but if the patient returns immediately to his work it recurs in an aggravated form; the muscles of the arm become paralyzed, and it "drops," as it is termed. A similar effect may be produced by an over-exertion of these muscles, as occurs in some trades, such as those of shoemakers, cobblers, &c. The mode of curing such affections as these is to abstain from the occupations which cause them; using a generous diet; resting the hand upon a splint, as in this man's case; and, best of all, by the employment of electricity. In addition to the use of these several means, this man was ordered to take half a drachm of the balsam of Peru three times daily, a remedy which has been supposed to be very useful, and I have certainly seen it of great service in cases in which over-exertion of the muscles has caused the paralysis. But this is not all. If the patient should be compelled by circumstances to return to his occupation and again inhale the poison, he will have accumulations of synovia in the joints, producing a species of synovial rheumatism, which will only yield to rest, local pressure, good food, and the occasional use of the warm bath; though sometimes cases of this kind occur which require the same active treatment as severe idiopathic rheumatism. Should the same cause of disease be still in operation, a species of bronchitis, resembling bronchial phthisis, supervenes, in which the patient spits up large quantities of fawn-colored matter. On this state of things a more fearful disease than all, epilepsy, may supervene, and then death soon ensues.

Colica Pictonum.—A man up stairs labors under this imbibition of lead into the system. All persons who use paint in which lead is an in-

gredient, such as coach painters and color grinders, are very liable to this affection. The peculiar name of colic which has been given to it arises from the first impression of the disease being made upon the muscular coat of the intestines. The best remedy for relieving the incipient stage is frequent doses of castor oil, which will evacuate the bowels freely, remove any foul collection that they may contain, and thereby diminish the muscular spasm. Some surgeons give calomel and opium in these cases, because opium has the great property of removing spasm, and this I dare say it certainly does efficiently, but I have very rarely had occasion to use it, having found castor oil answer every purpose. But this disease may proceed further, as in the patient up stairs, who was here for the same affection three months since. He then went out cured and returned to his work, which was a tacit invitation to the disease to return. He has now got what is technically termed the "hand-drop," which arises from a species of paralysis of the extensor muscles of the fore-arm, whereby the hand falls downward, and the sufferers are unable, by hitching and lifting, to bring it up. The best remedies for this stage are, first, to extend the arm and hand upon a splint, thus keeping the muscles at rest, and stimulating their non-contractile power by electricity. Shocks are the best means of applying this remedy, which is generally successful. Beyond this stage, however, the disease will proceed if the same cause be brought again into operation. The bronchial tubes will become affected, and an affection closely analogous to bronchial phthisis will produce rapid debility, and, finally, epileptic fits, and under these depressing causes the patient dies, completely worn out. This man, however, has not reached this extreme stage, and although at present very ill, I do not doubt of his ultimate recovery.—*London Lancet*.

EMPLOYMENT OF BLISTERS.

By Walter C. Dendy, Esq., Surg.

PROBABLY one of the most common errors in the practice of medicine is the indiscrimination between the use and abuse of a remedy. On its success in any one case, the physician often hastily promulgates its value, and it is then adopted with avidity, without judgment or reflection on the principles of pathology. Witness iodine, creosote, veratria, *et id genus omne*. This must be a common source of disappointment.

Regarding doses and periods, also, there is often so little rule observed, as to bring really valuable remedies, especially those of great power, into disuse, and even disgrace; for it may be almost an axiom that the more valuable the use of a remedy, the more perilous is its abuse. In justice to your columns I will not dilate on this point, but will merely allude to a fact regarding the application of blisters in the inflammatory affections of the chest, abdomen or head, in children. I consider these applications of the highest value, especially where sanguineous depletion cannot be adopted or repeated, and in the second stages of pneumonia, meningitis, &c. One error of their employment has been too close a locality to the

seat of diseased action; there should be an interval of space between the counter-irritant and the disease. Another error is too long a period of application, by which an aggravated degree of irritation or perilous ulceration may be produced, or a deleterious effect on the urinary organs by absorption of the lytta.

To avert the impression which these errors have so often caused, and to advocate the proper use of a valuable agent, I may allude to one circumstance attached to my experience in the Royal Infirmary for Children. When I was first appointed to it, my proposition of a blister was constantly met by exclamations of reluctance, often of abhorrence, by the mothers, who alleged that blisters had killed such and such of their children. I found that they had been applied for twelve, sixteen, twenty-four, and even for thirty-six hours.

Since I have adopted the plan of limiting the application to from three to six hours, according to the irritability of the skin, I have never been thwarted by these maternal objections. I may observe that a vesication constantly occurs, although scarcely any erythema can be seen, when the blister is thus early applied.

The objection of delay is now completely removed by the *acetum lyttae*, the effects of which are as speedy as those of a sinapism, while the *epispastic taffeta* will obviate, at the tenderest age, strangury and other deleterious effects.—*Ibid.*

PSOAS ABSCESS.

[Communicated for the Boston Medical and Surgical Journal.]

B. VAN DAME, aged 37, of a temperament highly nervous, spare in body, and of literary pursuits. It would be proper that the remarks I am about to make on this case should be prefaced by saying, that the patient suffered a severe attack of sickness in the winter of 1839-40, which confined him to his bed some months, of the nature of which I am not well informed, as I did not see him during the time, nor were his medical attendants harmonious in their opinions respecting his difficulties. It is, however, sufficient for our present purpose to say that it was accompanied by the formation of an abscess on right back, which was opened opposite the lower dorsal vertebra. This opening did not heal, and in a few months small spiculæ of bone were discharged. From this to the date I am about to give, several fistulous openings made their appearance, from which small pieces of bone were discharged—in all, fifteen pieces came away during the two years.

Was called to see patient August 8, 1842. He stated that about two weeks since, he was attacked with a deep-seated pain in the right iliac region, rather severe at times, which has been gradually growing worse—now right thigh bent a little upon the body—can walk, in stooping position, without much increase of pain. The bodily health being tolerably good, I only prescribed an anodyne liniment to be applied to the painful part.

15th.—Has been getting rather worse—all motion of right leg being very painful. A slight fullness can be perceived in right iliac region.

22d.—Swelling much increased—more painful. No sleep except when under the influence of opium. Can lay only on the belly and face, with right leg drawn up—pulse 120.

Sept. 1st.—The same in most respects as at last date, only swelling is gradually enlarging—pain very severe—takes $\frac{3}{4}$ ss. laudanum every 24 hours, in order to get any rest.

7th.—Is occasionally delirious—getting very weak—takes but little support of any kind—pulse 120. Tongue and mouth quite sore, probably in consequence of the opium. Abscess points most between os ilium and floating ribs.

13th.—Continues much the same; wandering at times; pain not so severe, but the matter is extending round farther upon the back, and points very much above os ilium, where I judged it best to make an opening, which was done with a small abscess lancet, and 12 oz. of thick, purulent matter drawn off. The wound was immediately closed by adhesive plaster, compress and bandage.

15th.—More comfortable as to pain; wound remains closed. Abscess nearly as large as before the opening—points more under Poupart's ligament. Very weak; has been taking a little wine and water, but thinks it does not agree with him.

17th.—Think it advisable to open abscess in the groin, which was done with an abscess lancet, a very small aperture being made, and 36 oz. of purulent matter discharged. Wound closed as before. Allowed wine and water.

18th.—8, A. M., abscess has discharged several ounces; dressed it as before, with the endeavor to heal it if possible. 6, P. M., sent for, dressings displaced, and 4 or 5 oz. of matter discharged. I now dressed the wound with raw cotton, compress and bandage.

19th.—Dressings remain secure; pulse 100. Can take more support; is allowed as much light food as he desires.

22d.—Patient continues to improve. Have removed the dressing every morning, and allowed what matter there was to flow out, which has varied from one to three ounces. Appetite good, takes food freely.

24th.—Opened wound, and about one ounce of dark, serous fluid passed off.

26th.—Allowed the orifice to open, and less than one ounce of light-colored fluid passed off. No purulent matter discharged since 22d.

Oct. 2d.—Wound remains closed, and there is no appearance of any collection of matter of any description. No pain or soreness in region of abscess. Can walk about his room without any assistance.

20th.—Has continued to improve.

B. V. D. called upon me a few days ago, looking quite hale and strong. He stated that he had been perfectly well since October last; that the fistulous openings upon the back healed immediately after his recovery at that time, and that there had been no trouble of any kind since.

Considering the unfrequency of this disease, and its favorable termination, I have been induced to refer to my note-book, and make the above transcript, which is at your disposal to make such disposition of as you may see fit.

JACOB HAYES.

New Market, N. H., Aug. 15, 1843.

UTERINE POLYPUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If, in your opinion, a brief history of the following case, with the treatment adopted, will be either interesting or useful to any of the readers of your valuable Journal, you are at liberty to insert it.

Wethersfield, Ct., Aug. 15, 1843.

ARCHIBALD WELCH.

Miss R. L., aged about 41, was attacked in 1840, with profuse uterine hemorrhage. She resided at that time in western New York, and there consulted a physician, who attended her during her residence in that State. Of his views of the pathology, and his treatment of the case, I have not been able to obtain any information. During a part of that period she was greatly reduced by the hemorrhage, so as to produce fainting when raised from a recumbent position. In 1841 she returned to the county of Middlesex, Conn., where she resided several months, without any mitigation of her symptoms. Early in 1843 she removed to Rocky Hill, an adjoining town in this county, and I was requested, on the 25th of March, to visit her in consultation with Dr. A. W. Barrows, who was then her attending physician.

I found Miss L. with great prostration of strength, exanguious in her appearance, with a sensation of "bearing down," and some degree of "weight falling from one side to the other," when she changed her position. During the whole period she had not been free from hemorrhage at any time more than two weeks, except in one instance, and then but three weeks. I suspected the existence of polypus uteri, and on making an examination, found the *os uteri* dilated about one inch, and through it protruded the base of a tumor about half an inch. The uterus being high in the pelvis, and the tumor protruded so little, the application of a ligature was utterly impracticable; and the patient was not in a condition which promised the continuance of a sufficient degree of strength to enable us, at a future time, to relieve her by the application of a ligature. Under these circumstances I suggested the use of the *secale cornutum*. On the 26th of March Dr. B. commenced the use of the ergot, in doses of three grains once in six hours. On the 29th she had severe periodical pains in the region of the uterus, which were produced by the ergot. On the 30th the pains increased in severity, and produced the expulsion of a large polypus, the size of which could not be definitely ascertained, as circumstances prevented Dr. B. from seeing it sufficiently early for that purpose. The hemorrhage ceased in the course of a day or two, and

with the exception of one slight return, four or five days after the expulsion of the tumor, she has been entirely free from hemorrhage, and enjoys a greatly improved state of health and strength.

THE MULATTO A HYBRID.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Medical and Surgical Journal for August 16, is an article by Dr. Nott, of Mobile, attempting to prove the Mulatto a hybrid. The negro, he thinks, an animal of an inferior order to man, at least to the white man. The whites and the blacks he thinks distinct species. Whether they were different creations, or are merely varieties, he knows not.

A theory which contradicts all history, and science, and the Bible, demands, perhaps, no attention. Still, were no notice taken of it, after its appearance in a highly respectable Medical Journal, some might suppose physicians were really the sceptics they were once called. Dr. Nott will find, if he looks into the first and best of books, that Adam was the common father of all mankind; and that there has been but one creation. In that same book, St. Paul, one of the most learned men who ever lived, will tell him that God made of one blood all the nations of man. Moses, who talked face to face with the Maker of all things, and the inspired Apostle Paul, give parity of birth to all mankind.

Dr. Nott seems to think it admitted on all hands that the Negro is below the white in intellect. He may find, if he will read Herodotus, that the sciences and the arts, in fact, had their birth in Africa among the Negroes. Greece drew her knowledge from Egypt. The builders of the pyramids, Herodotus says, were blacks with woolly heads. And Herodotus had been to Egypt and seen them with his own eyes. And in later times, when our ancestors roamed naked through the forests of Britain, and their priests, the Druids, offered human sacrifices to their idols, the inhabitants of Nigritia were a polished and learned race. Cyprian and Augustine among the fathers of the Church, Hannibal the warrior, Æsop the fabulist, and Euclid the geometrician, were Africans and probably black men.

A physician should be too much of a philosopher to take a detached part of the human family who are debarred all means of intellectual improvement, and conclude, from their inferiority in knowledge, that they are a different species from other men.

Why is the Negro black? It is because an African sun has flamed on his ancestors. The intense heat of the climate has crisped his hair. It would crisp the silky hair of even the fair Caucasian. The white rabbit of Canada turns black if carried to Alabama. And if color marks the intellect, we must all bow to the stupid Laplander, for he is the whitest on the globe.

The objections of Dr. Nott to intermarriages between whites and blacks we will all agree to. But that the offspring of such marriages is a hybrid, is a theory which will not be established in an enlightened age.

Amherst, Mass., Aug. 17, 1843.

G. DORRANCE, M.D.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 AUGUST 30, 1843.

White Sulphur Springs of Virginia.—Having spoken in a very general manner of the Hot Springs, and the Blue Licks of Kentucky, we now intend devoting a page to the White Sulphur—perhaps more celebrated, as a watering place, than any other in North America—but why or wherefore, has not perhaps yet been satisfactorily explained. Of its geographical position, a map of Virginia is a better guide than any written account. It is a free spring, bubbling up through limestone rocks, tastefully protected by a prostyle temple, sufficiently large for shielding visitors from sun or rain, while at the fountain. The water has a disagreeable taste and smell, hardly to be endured by a new comer. However, sick or well, visitors succeed in overcoming the stubbornness of two senses, which, like sentinels, faithfully guard the stomach against its introduction as long as they can. By a succession of efforts, even delicate females actually en-
 gorge themselves with it—and finally, by long practice, some persons become exceedingly fond of it. Horses, dogs, &c., in process of time, overcome an instinctive repugnance to all mineral waters, and ultimately give them a preference. We recollect seeing an old horse at the pump at the Blue Lick, supping a few stray drops as they escaped, for two hours in succession, as if unwilling to leave the precious fluid.

A large number of small dwellings occupy the ground about the Spring, for a considerable distance, in which visitors are lodged. Many neat, expensive cottages, belonging to individuals in the southern States, have also been erected, which are occupied by the families of the proprietors during the warm season. As a general rule, meals are taken at the hotel—at a considerable distance from some of the huts. So far as the accommodation of strangers is concerned, it is obvious that there is less physical comfort at the White Sulphur than at any other spring in Virginia. At the Blue, the Red, and the Sweet, there are elegance, taste and convenience. Still, there is an indefinable something at the White Sulphur, that swallows up the principal patronage of the great fashionable public, far and near.

One fact soon becomes obvious to a spectator of the gay scene, viz., that a few only of the successive crowds of strangers who are daily arriving, give themselves much concern about White Sulphur water. To see each other, exchange civilities, and participate in the festivities of the place, are the prominent objects of the moving multitude. With regard to the medicinal properties of the water, the point has long since been settled by competent authority; it possesses extraordinary qualities, and hence invalids from great distances, traverse the wild, mountainous regions of Virginia in pursuit of the last balm in Gilead—for they seldom ascend the Alleghanies till all other supposed remedies have failed of giving relief. A physician, however, who simply looks on in the character of a spectator, discovers that new energy is given to the system by climbing the rugged, fearfully rugged summits of the mountains, and perceives that a

change of climate, an altered diet, and the excitements of new, beautiful and variegated scenery, effect many substantial cures, which are placed, through misapprehension, to the credit of the Spring.

This water is extensively transported over the country, both in barrels and bottles, to be retailed at an enormous profit. Extra signs may be seen on grocery as well as apothecary shops throughout the south and western States, notifying the public that "White Sulphur Water is to be sold here." But such remarkable effects are not produced by it in that quiet way, as when taken fresh from the ground. Hence a moiety of its reputation, it may be inferred, is due to the jaunt in climbing the everlasting hills by which it is surrounded. John J. Moorman, M.D., a scientific physician, and a resident at these Springs, has devoted a series of years to the investigation of the class of diseases for which this water is the most appropriate. No one has labored with more devotion, or accomplished so much that is desirable to know in relation to its chemical combinations or influences upon the human economy. He is a safe guide—whose long experience and unceasing vigilance in one single train of observations, should command the confidence of strangers, as it does the respect and admiration of his professional brethren. Dr. Moorman has a work in manuscript, which has been lying by him, though gradually increasing both in dimensions and importance, on the Mineral Springs of Virginia, which may be expected as soon as he has completed his analyses of other waters, of growing celebrity, in the same State. His publications, thus far, have been pamphlets, containing succinct accounts of the maladies for which the water may be advantageously taken—chiefly useful to those consulting him. He says that the White Sulphur water's medicinal effects are "*most obviously displayed in its action upon the skin, bowels, liver and kidneys.*" "The liver is, in most instances," continues Dr. M., "brought under its influence, from a few days' perseverance in the use of it, as will be abundantly manifest from the character of its secretions. Its action upon the kidneys is generally readily induced, and we not unfrequently see it exerting, at the same time, both a diuretic and cathartic effect. Occasionally, the exhalant vessels of the skin are early stimulated to increased perspiration; but its full effects upon the surface, manifested not only by increased, but sulphureous, perspiration, do not often ensue until it has been freely used for some weeks—nor until the secretory system, generally, has been brought under its influence."

In this extract we have a brief history of its medicinal range of action, subject to such modifications as may be expected by the circumstances under which it is taken—in small or large draughts, under a regulated diet, morning, noon or night. We are persuaded that serious, if not permanent injury is also produced by this same matchless mineral water—not through any defect in the water itself, but by the ignorance and persevering obstinacy of those who resort to the Spring, and persist in its use without advice. A case is at this moment in mind, of a gentleman from a northern city, who is suffering from some peculiar derangement of the functions of the liver, for which every body advised him to go to Virginia. Notwithstanding his want of exact knowledge of the true condition of the organ, he was punctually at the Spring at such hours as he conceived were the proper ones—where he drank just as many tumblers full as he believed, from a knowledge of his feelings and

sensations, were proper ! He would then eat, indiscriminately, of whatever was placed upon the table. There was a daily repetition of this indiscreet process, which, perhaps, is continued to the present moment. Some days he thought himself better ; other days, not so well—but still kept up an uninterrupted engorgement of the stomach with the nauseating potations. It may be presumed that the gentleman will return home as he came—and live long enough to declare that the White Sulphur water could not reach his complaint, or afford him even a temporary relief. Now were this same unfortunate man under the daily care of a physician of Dr. Moorman's eminent qualifications, whose advice is regulated by every phase of the pulse, the excretions, the condition of the bowels, aided occasionally by other means than the water, his restoration might have been effected in half the time that he has been abusing the last running gear of his deranged organic machinery.

If it is ever proper to regulate the regimen of an invalid, it is no less necessary to have a care in regard to his medicine. While he is willing to abide by the decision of cooks and table waiters in respect to the dietetic qualities of the first—the sick man not unfrequently becomes perfectly monomaniacal in respect to the latter, which he takes or omits as he thinks best—manifesting, on these points, more sensitiveness than on any other occasions—since he knows better what is proper for himself, than all the doctors in christendom. At mineral springs such men carry their obstinacy to the highest bearable point—and die, martyrs to their ignorance. Because we have been spectators of this perversity and waste of life—at least, loss of time in effecting radical cures—it is a matter of conscience to urge practitioners to impress upon the minds of such patients as they may send to any of the numerous mineral springs in this country, never to commence the use of them till they have first consulted a physician residing near the premises.

Precocious Puberty.—From the Louisville, Ky. Daily Advertiser, the subjoined extract is taken.

"Died, yesterday morning, at the Exchange Hotel, in this city, a negro boy, the property of Mr. Andrew H. Jordan, of Columbus, Mississippi. We visited him after he was shrouded, in company with his master, from whom we received the following remarkable details concerning him. He was four years old in April last, and four feet one inch in height ; was born in Mississippi of parents in no respect remarkable for any deviation from the ordinary size and temperament of their respective sexes—nothing unusual in person or mind distinguished him, until he completed his first year ; when he began developing in a manner that excited the astonishment of all who saw him. His hair grew with surprising rapidity over his entire body and face, giving him whiskers and beard as luxuriant as an adult. His body assumed the muscular developments of athletic manhood, his strength enabling him, at four years of age, to lift 200 pounds dead weight, with ease. His mind was clear and strikingly vigorous, and his character distinguished for integrity and generosity. We examined his corpse and were astonished at the symmetry and enormous strength of his proportions. A Grenadier might have envied the fulness of his whiskers on cheek and chin, and a Demagogue consented to be honest with the ingenuous expression of his countenance. His hands and feet

were more taper and symmetrical than any of his race we ever saw. He fell a victim to pleurisy, and the eminent medical aid called in to his relief, were fully persuaded of the accuracy of Mr. Jordan's statement of his age."

On the 8th of August we saw this boy at the hotel in Louisville, in company with Drs. Gross, Cobb, Caldwell and Miller, the faculty of the Medical Institute of that city. He was lying on a mattress upon the floor, evidently in very considerable distress, pointing to his right side, as the seat of acute pain. A physician had been called in, who prescribed, it was understood, a Dover's powder, or something else equally inefficient, it appeared to us, without mitigating the severity of the symptoms. While we were present the boy was evidently growing worse, but it was said that the physician could not be found—being probably detained by other patients. It was predicted that the little fellow would certainly die unless some more vigorous treatment followed immediately. The gentlemen urged Dr. Miller to bleed him at once, and save the time that would be irrecoverably lost in waiting indefinitely by way of courtesy, till the regular attendant appeared. We have no doubt that death relieved him that night or the following day. Could he not have been saved by a little more activity at first? Was the treatment the real Kentucky method of subduing active inflammation of the vital apparatus? We can certify to the accuracy of the description above—but the editor did not relate one half that might have been said. The boy had the head of an adult man—the expression and voice of one, and some of his propensities, with the mind of a little child. His unfortunate death is to be deeply deplored by all physiologists, since it is altogether probable nature would have exhibited in his person some extraordinary phenomena.

Harvard University—Massachusetts Medical College.—For the academic year ending August 23d, 1843, the degree of Doctor in Medicine was conferred on the following candidates:—

Henry Arey, *Aneurism.*

Edward Brooks, Jr., *Pleurisy.*

Henry Bryant, A. M. (Harvard), *Hydrocele.*

Samuel Wiswell Butler, *Hernia.*

Willard Wild Codman, *Dental Surgery.*

Henry Cowles, *Cardiac Disease.*

Charles Cutter, *Signs of Pregnancy.*

George Derby, *Erysipelas.*

Charles Monroe Dickenson, *Dislocations.*

Ezra Wood Fletcher, Jr., A.M., *Spasmodic Asthma.*

Edward Hall, *Catarrhus Æstivus.*

John Frazier Head, A.M. (Yale), *Iodine.*

George Hayward, Jr., A.M. (Harvard), *Hip-joint Disease.*

Kimball Hill, *Disease and its Treatment.*

Frederick Howard, A.B. (Harvard), *Erysipelas.*

Alexander Jackson, A.M. (Amherst), *Cataract.*

Othello Otis Johnson, *Disease and its Treatment.*

Joseph Stephen Jones, *Irritation.*

Samuel Kneeland, A.M. (Harvard), *Conjunctivitis.*

Edward Philip LeProhn, A.B. (Montreal), *Phlegmatia-vaginalis.*

Cyrus Sweetzer Mann, *Bronchitis*.
 Francis Miller McLellan, A.M. (Brown), *Erysipelas*.
 George Mason Morse, *Hernia*.
 Horatio Gilead Morse, A.B. (Brown), *Lateral Curvature of the Spine*.
 Fitz-Edward Oliver, A.M. (Dartmouth), *Iodine*.
 Daniel Thurston Plumer, A.B. (Dartmouth), *Nervous System*.
 Stephen Bailey Sewall, *Chorea*.
 John Spence, Jr., A.M. (Brown), *Scorbutus*.
 Thomas Welsh, A.B. (Harvard), *Varix*.
 Jasper Hazen York, *Scrofula*.

Boston, Aug. 24th, 1843.

WALTER CHANNING,
 Dean of the Faculty of Medicine.

Law vs. Homœopathy.—From the Cayuga Patriot is gleaned the following intelligence, which is the veriest piece of would-be despotism that has been exhibited for a long while. The interference of a Medical Society, in the little business of silencing a single obscure dealer in pellicles will do much towards giving eclat to the system, ridiculous as it is. Many who dared not venture beyond the purlieus of New York, will, in consequence of this decision, take courage, and there is actually danger of being flooded by all sorts of unprincipled vagabonds, whose hope of success will be based on the toleration of the empire State to quacks in physic, as well as quacks in law. Here follows the narrative: "The Cayuga County Medical Society recently prosecuted a Mr. Peterson, of Union Springs, for practising on the homœopathic system, against the statute. The case came on for trial before Justice Munger, on Monday last, and after the examination of several witnesses, and hearing of counsel, for both parties, was submitted to a jury, who brought in a verdict against Mr. Peterson of 3-4 of a cent. The Jury also gave the amount of their fee, one shilling each, to the Homœopathy Society."

Commemoration of the Death of Hahnemann.—On the 9th inst., at Philadelphia, a meeting of homœopathic practitioners and friends of the inventor of homœopathy, was held, at which it was resolved that an address, commemorative of his character and services, should be delivered, and Dr. John F. Gray was elected orator. An invitation was directed to be sent to the New York Homœopathic Society, asking their co-operation in a solemn festival in honor of his memory. A letter of condolence to his widow was directed to be transmitted by the Corresponding Secretary. Drs. Wilson, Channing, Bolles, Joslin, Kirby, Dannel and Quin, were elected a committee of arrangements to carry the wishes of the Society into effect.

A Medical Board of Health.—At Charleston, S. C., the faculty seems to be appreciated, as whatever appropriately falls within their province is willingly allotted to them. The medical committee of the board of health embraces the following names:—Dr. A. G. Howard, City Register, Chairman; Dr. G. Logan, Dr. L. Lee, Dr. H. Winthrop, Dr. H. W. Desaussure, Dr. C. C. Pritchard and Dr. P. Porcher.

Medical Miscellany.—Dr. Edward Gilchrist, U. S. N., is ordered for duty on board the Savannah, ordered to the Pacific Ocean. Dr. C. F. B. Guillou, U. S. N., is also to join the same vessel.—A new mineral spring has been discovered at Tuskegee, in Alabama. These springs are already very numerous.—At the late annual commencement of Yale College, Ct., 17 gentlemen received the degree of Doctor in Medicine, and 5 received honorary degrees.—The cholera has appeared at Madras—making havoc amongst the soldiers of that station.—Dr. W. Johnson, U. S. N., is Fleet Surgeon on board the frigate United States, at Lima. The assistant surgeons are Drs. R. F. Maxwell, M. B. Beck, and W. Nelson. Dr. N. Pinckney is surgeon of the U. S. Schooner Shark, on the same station. Assistant Surgeon Dr. O. T. Baxter is attached to the Fairfield Sloop of War, now up the Mediterranean. Dr. Marcus Duval, U. S. N., is ordered to the Phoenix.—Dr. Geo. W. Otis, Jr., has been removed from the Marine Hospital, Chelsea, Mass., to give place to a Dr. Loring, of Andover.—Dr. J. G. Rosenstein, who some months since lectured on homœopathy in Boston, advertises that he has established himself at Montreal.—In consequence of the complete disappearance of yellow fever from Vera Cruz, the inhabitants have celebrated a day of public thanksgiving.—The public health is excellent in Savannah, notwithstanding the great quantity of rain.—Mrs. Elizabeth House died at Wheeling, at the great age of 110, wanting a few months. She had had almost uninterrupted good health, and could read the finest print up to the time of her death.—A negro child, 13 years old, is exhibiting at New York, on account of weighing 405 lbs.—Great mortality has existed at Tobasco, among the shipping.—Dr. Peter Christie is ordered to the Navy Yard at Portsmouth, N. H. Dr. Samuel Jackson, order to the Portsmouth Yard revoked, and leave three months. Dr. J. D. Miller, detached from the Philadelphia Yard and to the Perry. Dr. C. F. B. Guillou, order to the Lawrence revoked, and to the Philadelphia Yard.

TO CORRESPONDENTS.—For six weeks the editor has been travelling, which will be a sufficient apology for any apparent neglect in regard to a variety of favors which have accumulated in his absence. Immediate attention will be given to books, pamphlets, circulars, &c., and such letters answered as require particular notice in that way.—Dr. Gallup's communication is marked for insertion; also, two articles on emasculation for seminal weakness, and one from Rochester, N. Y., on strabismus divergens. We tender our thanks to Dr. Dunbar, of Baltimore, for his favor.

MARRIED.—In New York, Dr. Charles W. Churchill to Miss Louisa Sigison. —At Fontville, Gilbert W. Hazeltine, M.D., to Miss E. C. Boss.

DIED.—At Middlesex, of consumption, Dr. Rial Blanchard, 30.—At Waterford, N. Y., Dr. Timothy Upham, 36.—At Charity Hospital, New Orleans, of yellow fever, M. J. Jamet, a medical student.—At New York, by suicide, Dr. P. Johnson, 26.—At Pekin, Ill., Dr. Samuel Pilsberry, 44, formerly of Boston.

Number of deaths in Boston, for the week ending Aug. 26, 46.—Males, 34.—Females, 22. Stillborn, 4. Of consumption, 3.—inflammation of the lungs, 1.—bowel complaint, 4.—scarlet fever, 1.—cholera infantum, 6.—hooping cough, 3.—marasmus, 3.—infantile, 4.—drowned, 2.—teething, 2.—inflammation in the head, 1.—lung fever, 1.—intemperance, 1.—fits, 4.—measles, 2.—inanition, 1.—dropsy in the head, 1.—dysentery, 1.—croup, 1.—cholera morbus, 2.—diarrhœa, 1.—typhus fever, 1.

Under 5 years, 33.—between 5 and 20 years, 2.—between 20 and 60 years, 9.—over 60 years, 2.

Pathology of Phlegmasia Dolens. Differences of Opinion.—A debate on this subject recently took place in the French Academy of Medicine, in the course of which MM. Breschet, Blandin and Velpeau announced their opinion that the disease was not invariably dependent on inflammation of the veins, but, in a greater number of cases, on that of the lymphatics. M. Velpeau said, "According to my observation, phlebitis is far from being the common cause of phlegmasia dolens; most frequently the disease commences by an inflammation of the deep lymphatics of the limb in which the œdema takes place." Both M. Blandin and M. Cloquet admitted that the disease was by no means confined to recently delivered women, but often appeared in men; and the latter gentleman, with MM. Moreau, Berard and Gerardin, considered it to have its seat essentially in the cellular tissue of the limb affected. M. Andral attributed the more frequent occurrence of the disease in women solely to the greater liability of their sex to pelvic disease. "In certain cases of phlegmasia (he said) I have verified the cause to be inflammation of the lymphatics, but the œdema, when from such a cause, has been slight. When phlebitis is present, on the contrary, the œdema is considerable and the pain acute. In the great majority of cases the painful engorgement is due to the obliteration of veins previously inflamed." These views have been made public in the "Experience" and the "Gazette des Hôpitaux." We believe that as long back as 1817 or 1818, the late Dr. D. Davis entertained the idea that the true pathology of phlegmasia dolens was inflammation and obliteration of the external iliac and femoral vein; we do not, however, find his claim to discovery alluded to, or even his name mentioned, in the reports of the above discussion.—*London Lancet.*

Erysipelas.—An infant, fourteen months old, was attacked with erysipelas on the face, which extended down the neck to the chest, and down the arms to the finger-ends, the hands becoming œdematous. Calomel, antimony and purgatives were freely administered for more than a week without permanent benefit; on the contrary, the disease was extending itself, and the child had become comatose. Under these circumstances half a grain of quinine was given every two hours, and a blister applied to the thigh. The amendment was almost immediate, and the child two days after was convalescent.—*Dr. C. Searle, in London Lancet.*

Emetics.—The use of these medicines in stimulating into action the *vis medicatrix naturæ* has been amply proved in two cases occurring lately at the Hôpital de la Pitié, Paris. One was that of a man who had sustained severe injury on the head, followed by incipient inflammation, which several bleedings and the local application of ice employed throughout two days failed to subdue. A copious emetic was administered, and in less than twenty-four hours the symptoms had dissipated. The other case was that of a woman recently operated upon for cancer, and afterwards the subject of a bronchitis so severe as to threaten a fatal termination. Bleeding was interdicted by the weak state of the patient, and a large blister on the chest proved useless. An active emetic of tartarized antimony, however, brought in its train a speedy cure.—*Gazette des Hôpitaux.*